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# ANNUAL REPORT

*of the*

## SCHOOL MEDICAL OFFICER

*For the Year*

# 1926

Lowestoft :

M. F. Robinson & Co., Ltd., The Library Press.



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## EDUCATION COMMITTEE

His Worship The Mayor—Mr. Councillor W. SMITH, J.P.

*Chairman :*

Mr. Councillor H. C. ADAMS, J.P.

*Members*

Alderman Major HUMPHERY, J.P.

Mr. Alderman SHADFORTH, J.P.

Mr. Alderman TODD

Mrs. Councillor HARRIS, J.P.	Mr. Councillor MELLANBY
Mr. „ HEAD, J.P.	Mr. „ MOBBS
Mr. „ SAVAGE	Mr. „ READE
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Rev. EVAN C. MORGAN	Mr. „ RIST
Mr. H. W. BEVAN	Dr. D. H. HUTCHINSON, J.P.
Mr. L. G. CARTER	Mrs. H. C. ADAMS
Mr. F. C. MALLETT	Miss B. M. C. DOUGHTY, J.P.
Mrs. E. T. DOWSON	

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## SCHOOL MEDICAL INSPECTION STAFF (1926)

*School Medical Officer :*

W. STOTT, M.B., B.S., D.P.H.

*Deputy School Medical Officer :*

JENNETTE CARROLL HARGRAVE, L.R.C.P., (I) L.M., D.P.H.

*Ophthalmic Surgeon :*

ARTHUR GREENE, M.D., F.R.C.S.

*Dental Surgeons :*

R. V. BRITTON, L.D.S., R.C.S.	P. J. BURTON, L.D.S.
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*Anaesthetist :*

W. STOTT, M.O.H.

*School Nurses*

M. H. HITCHAM—appointed April, 1920.

E. R. WHITROD—appointed October, 1920.

C. UNDERWOOD—appointed July, 1922.

W. LARGE—appointed 1st September, 1925.

*Clerical Staff :*

Miss H. KNIGHTS—appointed 1917.

Miss B. WALKER—appointed 1920.

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*To the Chairman and Members of the Borough of Lowestoft  
Education Committee:*

Ladies and Gentlemen,

I have pleasure in presenting you with the School Medical Report for the year ending December 31st, 1926.

It has been drawn up on the lines suggested by the Board of Education, and deals with medical inspection and treatment of defects of the scholars attending the Elementary Schools under the Local Authority, and also the medical inspection of the scholars attending the Secondary School under the Joint Higher Education Committee.

I particularly wish to draw your attention to the great demand that now exists for Open-Air accommodation, and also to the number of mentally deficient children in the area.

I should like to again record my thanks to Dr. Hargrave, Deputy School Medical Officer, who has assisted me in drawing up this report and for compiling the statistical tables.

I am,

Ladies and Gentlemen,

Your obedient Servant,

W. STOTT,

*Medical Officer of Health  
and School Medical Officer.*

## CO-ORDINATION

The administrative work of the School Medical Service is at present carried out at Connaught House under the supervision of the School Medical Officer, who is also Medical Officer of Health with charge of the Council scheme for Maternity and Child Welfare.

The Deputy School Medical Officer's duties are mainly in connection with school children, but she also has charge of three Maternity and Child Welfare Clinics.

The Health Visitors act also as School Nurses, each being responsible for a District and the Schools therein. There is close co-operation between the School Medical Officer and the Chief Tuberculosis Officer, who is also County Medical Officer. Detailed history sheets of each school child and contacts examined at the Tuberculosis Dispensary are sent by the Tuberculosis Officer to the School Medical Officer in order that the cases may be thoroughly followed up.

Conference with the Education Office is facilitated, as it is housed in the same building as the Health Department.

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## SCHOOL HYGIENE

Speaking generally the hygiene of the schools in the Borough is good, and a detailed report was given in the School Medical Report for the year 1924.

There are two schools, however, which can only be classified as most unsatisfactory, viz :—Cunningham and Mariners Score. The former, I understand, will only be in use for a short time now, and the sooner the same can be said of Mariners Score the better it will be for the health of the children attending.

The following improvements were carried out during the year in various schools :—

<i>Schools.</i>	<i>Defects remedied during 1926.</i>
Lovewell Road Boys.	Two Heating Radiators installed.
Roman Hill Girls.	New Heating Boiler.
Roman Hill Girls. and Infants.	Playground paved.

Dell Road.	New Heating Boiler.
Church Road.	Two new ranges of lavatory basins and accessories.
London Road Girls.	Playground concreted.
Mariners Score.	New frame for drying clothes.
Church Road Girls.	Two new radiators installed.
Wildes Score.	30 new dual locker desks.
Central.	New Heating Boiler.

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## MEDICAL INSPECTION

The three groups selected for routine examination are as follows :—

1. Entrants.
2. Intermediates. (Between 8 and 9 years.)
3. Leavers. (12 years and over.)

Other children not belonging to this group who are brought forward by the teachers at routine inspection for examination owing to some defect, are examined as special cases.

The number of inspections made are as follows :—

ENTRANTS	806
INTERMEDIATES	613
LEAVERS	712
	—
	2131
Special Inspections	2659
Re-inspections	2300
	—
Grand Total	7090

Owing to illness 134 children were absent who were due for examination.

## FINDINGS AT ROUTINE MEDICAL INSPECTIONS

<i>Disease</i>	<i>No. of Defects</i>	<i>Percentage of Defects.</i>	<i>Number referred for treatment.</i>
Uncleanliness	133	6.2	133
Enlarged Tonsils and Adenoids	472	22.	211
Tuberculosis	26	1.2	22
Skin Diseases	36	1.69	33
External Eye Diseases	15	.7	14
Defective Vision and Squint	131	6.1	127
Ear Diseases and Defective Hearing	34	1.6	28
 <b>HEART—</b>			
Organic	6	.28	2
Functional	3	.14	
Lungs	60	2.8	6
 <b>DENTAL DEFECTS—</b>			
Leavers and Intermediates	500	23.4	474
Deformities	15	.7	6
Other Defects and Diseases including Malnutrition, etc.	147	6.8	44
	—	—	—
	1578	74.	1100
	—	—	—

The above table gives at a glance the general defects which were found by Dr. Hargrave at Medical inspection. It is interesting to note that by far and away the greater number of defects occurred in the mouths and throats of the children ; dental defects numbering to 500, enlarged tonsils and adenoids to 472 ; next comes uncleanliness and closely following defective vision and squint.

There is very little, in fact, no excuse for any of these conditions to be left unremedied. The Authority provides dental treatment ; has arrangements for attention to the nose, throat and ears of all elementary school children ; and an Ophthalmic Surgeon for attention to eye defects.

For the large amount of uncleanliness which exists there is probably some excuse as there is a great deficiency of hot water supplies and baths in the houses of the Borough, and it is a matter which the Education Authority must seriously consider in its future provisions. The Authority must remember that education not only means the teaching of the three "R's" but very much more in these days of enlightenment. Personal hygiene is taught in the schools, but the mere teaching of personal hygiene means nothing to the child when there is no example set it. This example is best set by practical demonstration, and the best possible practical demonstration would be to have proper bathing and washing facilities in the schools for the children to use and enjoy regularly.

I earnestly request the Authority, when they consider the building of a new school, to include in their scheme these bathing and washing facilities. I consider this one of the most urgent necessities existing in the town at the present time.

Dr. Hargrave makes the following remarks on her findings at routine inspection.

**Uncleanliness.** 133 (6.2%) children were found at routine inspection to require treatment. 7 girls and 1 boy were sent home on account of pediculi. 9 special cases of uncleanliness were also brought forward.

The nurses found during their visits to the schools in connection with uncleanliness 3,204 children unclean as against 3,006 in 1925, but I am glad to be able to say, that in spite of the increase in numbers, the degree of uncleanliness was found to be very much less than the previous year. 19,599 head inspections were made as compared with 20,080 in 1925. This decrease in inspections is accounted for by the epidemics which occurred in the schools during the year.

**Nutrition.** 6.3% of the children suffered from poor nutrition, in only .5% of cases was the nutrition above the average as compared with 1.1% in 1925 and with 4% in 1924. Poor nutrition is most probably accounted for by the poor fishing seasons which have been experienced recently and by the hardships produced by the coal strike.

**Clothing and Foot Gear.** From information obtained from Head Teachers clothing and foot gear were poor in about 1.8% of the children, very few being well clad.

**Tuberculosis.** 2 cases of definite and 12 cases of suspected pulmonary tuberculosis were referred for treatment. 8 non-pulmonary cases were referred to their private doctors. 4 cases were kept under observation at the Clinic.

**Tonsils and Adenoids.** 472 children were noted to have enlarged tonsils and adenoids in varying degrees, and of these 211 were referred for treatment, the remainder being kept under observation, and at subsequent re-inspection many had become practically normal.

**Skin Disease.** Only 36 out of 2,131 children examined at routine inspection suffered from some form of skin disease, the most important being 11 cases of ringworm of the scalp.

**Vision.** 127 out of 2,131 children were referred for treatment, 9 of this number were cases of squint.

**Crippling Defects.** Five cases of severe crippling defects were discovered at Routine Medical Inspection and referred for treatment. Ten cases of slight crippling defects probably all resulting from Infantile Paralysis, were also found, one case of which was referred for treatment, the remaining 9 having received appropriate treatment at one time or another.

The following is a list of the 5 severe cases together with the treatment obtained.

1. Severe Lateral Curvature of the Spine  
Sent to Great Ormonde Street Hospital.
2. Severe Talipes.  
Sent to Great Ormonde Street Hospital.
3. Crippling defects following Infantile Paralysis.  
Sent to Treloar's Home.
4. Deformities following Infantile Paralysis.  
Under treatment at the local General Hospital.
5. Congenital Hip Disease.  
Under treatment at General Hospital wearing a special jacket.

**Vaccination.** 74% of the children examined at routine inspection were found to be unvaccinated. The number of unvaccinated persons in the Borough is growing yearly whilst the number of cases of Smallpox in the country is increasing yearly. Since the year 1920 Lowestoft has been fortunate like many other places in escaping infection from this dread disease. Some of these fortunate places, such as Southport, however, have recently been attacked, and unless the people of Lowestoft take heed they will be similarly attacked with very serious consequences.

## INFECTIOUS DISEASES

*Methods adopted to detect and prevent spread of Infectious Diseases*

**In the Schools.** The Head Teachers of each department are supplied with a table of information regarding infectious and contagious diseases based on the latest "Memorandum on Closure and Exclusion from School," 1925. All children, as far as practicable, occupy the same seat in the schools throughout the term; every child to use its own pen and pencil and to have its own set of books as far as possible.

**Out of School.** Any child absent through sickness is immediately notified by the teacher on a special sick absence form, and the case is visited within 24 hours by the school nurse.

All cases of infectious disease are supervised by the School Medical Officer who is also Medical Officer of Health. No cases are allowed to return to school until a freedom certificate is issued. Contacts of infectious disease are dealt with according to the Memorandum issued by the Board of the Ministry of Health.

In cases of epidemics leaflets are issued to parents advising them as to the early signs and symptoms of the disease which may be prevalent. Superintendents of Sunday Schools are notified of any child or children suffering from or contacts with infectious disease.

Notification of infectious fevers occurring in the schools received from school teachers and medical practitioners through the Health Department during the year were as follows :—

Diphtheria	15
Scarlet Fever	93
Chickenpox	244
Mumps	54
Whooping Cough	237
Measles	622
German Measles	43

The year in question has been a particularly bad one for epidemics of all descriptions. Commencing early in the year and continuing up to the summer holidays we had epidemics of Chickenpox, Whooping Cough and Measles in every infant department. So badly hit was Morton Road Infants that I recommended the Committee to close the school. This was done on March 22nd until after the Easter holidays. Whooping Cough was also particularly prevalent amongst the Church Road Infants, the percentage attendances falling below 60 early in April.

## SCARLET FEVER

**Morton Road School.** During October, almost immediately the schools had commenced after the summer holidays, scarlet fever broke out in epidemic form, particularly at Morton Road School, from which I obtained 28 cases in rapid succession. After calling a special committee meeting of the Medical Attendance Sub-Committee it was decided to attempt to deal one severe "death blow" at the epidemic.

All contacts and all children who had been away from school for any slight sickness, particularly sore throat or bilious attacks, and any children with discharging ears or noses and all children with impetigo were excluded until passed fit by the School Medical Officer. A nurse was placed on "sentry duty" to examine immediately and exclude any child who was seedy, and to follow it home. All Sunday Schools in the Morton Road district were closed for 4 weeks; and all Picture Houses were closed to children of elementary school age for 4 weeks.

Boy Scouts and Girl Guide Troops were notified, and children from Morton Road School were prohibited from attending wood-work and Cookery Centre and Clinics.

Morton Road School is so placed that it lends itself to isolation; and the Morton Road district being more or less a self-contained unit of the Borough rendered it an easy matter to cope with what appeared to be the beginning of an extensive epidemic.

95 children in all were excluded from school until passed fit by the school Medical Officer. This number included actual sufferers and contacts, and also 11 definite cases of missed scarlet found in school. Fortunately these stringent measures had the desired effect.

Picture Houses and Sunday Schools were closed from October 23rd until November 19th, 1926, inclusive.

The 1st notified case of Scarlet Fever in Morton Road occurred 20th September.

2nd notified case occurred 28th September.

3rd notified case occurred 1st October, then 25 cases in rapid succession until the 23rd October, after which date no further cases were reported or found.

By the end of November the school was almost normal again in attendances, all restrictions having been withdrawn on November 19th.

**Mariners Score School.** At the beginning of November, 7 cases of scarlet fever occurred in this infants' department. Similar

measures to those adopted at Morton Road School were taken, but not in such a stringent manner.

23 suspicious children were excluded until passed fit by the School Medical Officer, and no further cases occurred.

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## DIPHTHERIA

There has been a great fall in the number of cases occurring during the year, and no case has occurred in the Lovewell Road district.

A full report of the Schick Testing and Immunisation against diphtheria is detailed in the Report for 1925.

During 1926 in June all cases immunised were re-Schick tested, and those cases who still were found to give a positive result were given a final immunising dose of toxin-antitoxin.

I think the efficiency of the immunisation against diphtheria has been well proved, and it is to be hoped that the Authority will now offer immunisation to all parents who are willing to have their children so protected. I intend making such a recommendation to the Maternity and Child Welfare Committee in order that this protection can be given to young children before school age is attained. If every child could be immunised in this way I think there is very little doubt but that diphtheria would be eradicated entirely.

**Following Up.** Physical defects discovered at Routine Medical Inspection are at once notified by the examining officer to the parent if present, and in any event, a written or printed notice of the defect is sent to the parent. If the case can be treated at our own Clinics the parent is notified of the date and time the child is to attend. If the treatment is to be obtained otherwise than at the Clinics a following-up card is made out and the school nurse visits the home until the defect is remedied.

As indicated in the report for 1925, with the help of the additional school nurse, the following up of cases requiring treatment has been much more satisfactorily carried out.

From the Summary of the work of Health Visitors it will be noted that the number of visits to homes re defects has almost doubled itself during the year. In the year 1925, 3,354 visits were paid for this purpose to the homes of children whereas in 1926, 6,221 visits were paid.

## SUMMARY OF WORK OF HEALTH VISITORS DURING 1926

1. Visits to Schools	629
2. Average number of visits to each department	26
3. Visits to homes <i>re</i> uncleanliness	211
4. " " <i>re</i> defects	6221
5. Number of home visits paid (for any reason)	9961
6. Number of children inspected in connection with uncleanliness	19599
7. Number of individual children found unclean Conditions in (7) summarised as follows :—	3204
(a) Nits only	3069
(b) Vermin and nits of head	135
(c) Body vermin only	—
(d) Head and body vermin	2
(e) Insufficient footgear	7
(f) Insufficient clothing	4
8. Number of new cases of uncleanliness	199
9. Number of other children found with ailments requiring treatment	7205
10. Total inspections of children for reasons other than uncleanliness	10197

## TREATMENT OF DEFECTS

**Medical Treatment.** 96.3% of all cases referred by the Head Teachers or others were treated at the various Centres ; 3.6% were treated elsewhere. The cases treated, the number of attendances, and the number of cases discharged as cured are shown in the Table below.

The total attendances at each of the Clinics were as follows :—

Connaught House	6217
Oulton Broad	1304
Lovewell Road	440
	—
Total	7961
	—

## CASES TREATED AT SCHOOL CLINICS, 1926

<i>Disease</i>	<i>Cases</i>	<i>Number of Attendances</i>	<i>Discharged as cured Dec. 31st, 1926</i>
Skin—Ringworm of the Scalp	96	2424	51
Ringworm of the Body	32	125	32
Scabies	2	4	—
Impetigo	82	753	77
Other Skin Diseases	170	756	162
Minor Eye Defects	63	208	60
Minor Ear Defects	66	578	60
Verminous Children	145	365	125
Refraction Clinic	170	305	168
Dental Clinic	367	404	363
Miscellaneous	816	2039	789
	—	—	—
	2009	7691	1887
	—	—	—

**Uncleanliness.** 59 children were cleansed at the Clinic. Four after service of Notice under Section 122 of the Children's Act. The rest (55) were brought voluntarily by relatives.

## SKIN DISEASE

**Ringworm of the Scalp.** The special ringworm clinic held at Connaught House every Monday afternoon is still carried on owing to the large number of cases of ringworm of the scalp.

Apart from X-Rays our chief method of treatment is Colloidal Iodine Oil.

During the year 96 cases of ringworm of the scalp were treated, 51 of which were cured, the remainder are still under treatment.

**X-Ray Treatment** for Ringworm is still carried out at the Norfolk and Norwich Hospital, Norwich. It is unfortunate that up to the present time I have been quite unable to make arrangements locally for this form of treatment. Five cases of ringworm were treated by X-Ray during the year.

**Scabies.** 2 cases were referred for treatment, and 2 baths were given.

**Ear Disease.** Of 110 cases of ear disease which were discovered either at routine or special inspections 66 were treated at the clinic by ordinary antiseptic methods; 60 responded to the treatment and were discharged; 6 cases were treated privately; and of the remaining 38 some have left school and others have promised to have attention.

**Tonsils and Adenoids.** 211 routine and 172 special cases were referred for treatment. Of these 61 routine and 117 special cases were treated at the Hospital under the Authority's scheme; 16 were operated upon privately; 12 were treated otherwise by their own doctor; and 32 definitely refused to have any treatment after the nurses had repeatedly visited the homes, and used all their powers of persuasion. Of the remainder 97 gave non-committal answers and 48 promised to have treatment "later on."

Of recent years the number of children receiving operative treatment for tonsils and adenoids has increased very greatly, so much so in fact that during the year the local Hospital Authority sent a deputation to the Education Authority requesting them to increase the grant made to the Hospital for operative treatment of tonsils and adenoids. Whilst sympathising with the Hospital Authorities, knowing the difficulties under which they are at present working, we must not lose sight of the terms of the agreement which the Education Authority made with the hospital. These terms do not seem to be thoroughly understood by the majority of people and those people become misled and believe that the Education Authority are having the operative work done for practically nothing.

The agreement was that the local Education Authority should subscribe 50 guineas per annum plus the sums realised by collections in the elementary schools, whatever its amount, to provide treatment for necessitous children and non-contributors. By necessitous, the Education Authority mean persons who cannot afford to pay anything towards the necessary treatment.

**Dental Defects.** 474 children were referred for treatment from medical inspection ; 145 of these were sent to the clinic where they were treated. Of the 328 remaining cases only 41 were treated privately.

1,098 children ranging from 5 to 9 years were inspected by the dentists in 6 schools : 805 required treatment, and of this number only 220 actually received treatment.

101 children received a general anaesthetic for extractions.

Last year I drew attention to the apathy on the part of the parents to present their children for treatment when recommended, and made suggestions, to try and induce parents to realise the importance of receiving dental treatment, by lectures, issuing of leaflets, etc. All this we did, but again this year, as you will notice from the figures, parents still refuse to have their children attended to.

Only three months ago I reported on the matter to the Committee, and they decided to interview certain of the defaulting parents to discuss the subject with them. Accordingly the parents were invited to attend before one of the Medical Attendance Sub-Committees, but they all failed to do so. It is obvious that the Committee have done everything in their power to induce parents to have their children treated, and they have now left it to me and to the dentists to discover cases in which we are able to prove that the children are suffering unnecessarily and with grave risks to their general health, in order that legal action may be taken against the defaulters.

The only other matter to which I wish to refer under this heading is the rather disappointing number of inspections made by the dentists. The probability is that large numbers of children were away at the time of inspections owing to the number of epidemics which we have had in the schools continuously throughout the year, and this would account for only 1,098 children being seen. At the same time only 15 half-days were devoted to inspectorial work whereas it would be better if 17 or 18 had been thus devoted.

Below I give you the Dental Surgeon's Report :—

" The attendances for treatment are still not what they should be. The apathy of parents to dental disease seems incurable unless the child is in pain, then they are eager enough.

I feel that our present system of notifying each parent by post with a prepaid reply enclosed should be discontinued ; it entails a lot

of extra work and a heavy expense for postage, etc., which the results do not justify.

I think Propaganda and more Propaganda is the only remedy for the indifference."

(Signed) R. V. BRITTON, L.D.S., R.C.S., Eng.

**Heart Disease** was not a very prevalent ailment, only 2 cases were found to require active treatment. All the cases, severe or slight, of which there are records, only number 29,

**Open-Air Education.** There is no recognised Open-Air School in the district. In September of the year 1925 the Committee erected two Open-Air Classrooms to accomodate approximately 40 to 50 children each at Roman Hill Girls' School and Church Road Girls' School respectively. These two classes have proved most effectual, both from a health standpoint and also from an educational standpoint. From the educational point of view much will be heard within the near future as it is apparent that the method of teaching which has been devised in the Open Air Classes is going to solve the problem to a large degree of the education both of the mentally and physically defective child.

We were fortunate enough to have Dr. R. H. Crowley, Senior Medical Officer of the Board of Education, down at Lowestoft to inspect these Open-Air Classes. It was evident that he was quite interested in the work that had been accomplished, and he directed that certain investigations should be carried out, particularly with a view to showing whether this type of class could be utilised for the education of the mentally defective child. The investigation has been carried out by Mr. Tregear, one of School Inspectors for the Board of Education, and I understand that within a short space of time his work will be completed.

I do not intend to write more in the Annual Report concerning this, as in all probability a full report will be forthcoming during the early part of 1927 concerning the work carried out by Mr. Tregear.

The only other matter which I wish to draw the attention of the Authority to with regard to the Open-Air Classes is the great demand that now exists for them; whereas at first parents hesitated in allowing their children into the classes we now have parents asking that

their children may be admitted into them, and we have already transferred many delicate girls from one school or another to the classes. This proves that further Open-Air accommodation is still required. There is too little accommodation for the delicate girls and there is none, as yet, for the boys. Much good work could be done in such classes if only they were available, and I suggest that the Authority should erect further structures similar to the existing ones in the following situations :—

One for boys at Roman Hill School.

One for boys at Wilde's Score School.

One for boys and girls at Lovewell Road School, and

One for boys and girls at Yarmouth Road School.

**Physical Training.** There is no area organiser of physical training for the Elementary Schools in the district. The Authority has given facilities for teachers to have expert training both in Summer Courses and Evening Classes in carrying out the official Syllabus, and a good proportion of the teachers are well qualified in physical education. A special class of physical culture for slightly defective children is needed. Playing fields are utilised for organised games and a School Sports Association is doing excellent work.

**Provision of Meals.** The Authority have not undertaken the provision of meals under the Education Act of 1921 in any of the schools, although as previously reported I still think that something in a small way might be done for the children attending Yarmouth Road School.

**School Baths.** There are no school baths, but organised swimming instructions is given throughout the summer at the open-air Swimming Pool on the North Denes. As I previously remarked, it is to be hoped that baths will be provided as part of the equipment of the proposed new school.

**Co-operation of Parents.** Cards are sent to parents inviting their attendance on the occasion of their children undergoing Medical Inspection. The percentage of parents attending Medical Inspections during 1925 was 69.5

**Co-operation of Teachers.** My best thanks are due to the teachers of all departments for their untiring efforts in co-operating

with the school medical service, both at medical inspection, following up, and with medical treatment. They are all most willing to carry out any suggestions I have to make which they know will be of benefit to the health of their scholars.

**Co-operation of Attendance Officers.** The attendance Officers render every assistance in their power, and show an intimate knowledge of the home conditions of the children, reporting cases of illness and poverty which might otherwise be overlooked. They also assist in discovering "exceptional children" who are not in attendance at school.

**Co-operation of Voluntary Bodies.** The National Society for the prevention of Cruelty to Children render very valuable assistance in those cases which it is necessary to refer to their Inspector.

The Lowestoft Invalid Childrens' Medical Aid Association render us great assistance in supplying necessitous cases with Malt and Oil and surgical appliances, etc. I give below a report which I have received from the Hon. Secretary : Mr. C. E. Baldwin.

## LOWESTOFT INVALID CHILDREN'S MEDICAL AID ASSOCIATION

### AIMS AND OBJECTS

- (a) To aid invalid children either by medical and surgical advice or treatment having regard to the financial circumstances of the parents.
- (b) To aid cripple children by assisting them to obtain the necessary surgical appliances and treatment.
- (c) To obtain Hospital and Orthopaedic treatment for invalids and cripple children at suitable institutions.
- (d) To provide extra nourishment for delicate children of poor parents.
- (e) To co-operate generally with the School Medical Service in promoting the physical welfare of the children.
- (f) To enlist the assistance, financial and otherwise of the various charitable organisations in carrying out the objects of the Association.

The Association is entirely voluntary and is managed by a Committee consisting of the following ladies :

Mrs. K. D. Preston (Chairman), Miss Councillor B. M. C. Doughty, M.B.E., J.P., ; Mrs. Councillor G. M. Harris ; Mrs. H. C. Adams ; Mrs. F. W. Morley Beckett ; Mrs. R. A. Mellanby ; Mrs. E. T. Dowson ; Mrs. W. E. Reeve ; Mrs. J. A. G. Ainley ; Dr. Jennette C. Hargrave (Deputy School Medical Officer).

Hon. Secretary and Treasurer :

Charles E. Baldwin, Town Hall, Lowestoft.

Bankers : Barclays, Ltd., High Street, Lowestoft.

During the past year the Association has been in a position to help cases as follows :—

Provision of Surgical Appliances	4
Provision of Boots	3
Repairs to Boots	25
Provision of Spectacles	14
Repairs to Spectacles	3
Provision of Malt and Oil, etc.	72 lbs.
Provision of Milk	33 Gals.

**Roman Hill Open-Air Class.** In October, 1925, arrangements were made for the 35 children attending the Roman Hill Open-Air Class to be supplied with half a pint of milk per day each as an experiment, the children contributing 3d. per week towards the cost thereof and the remainder being paid by the Association. Unfortunately, owing to the responsibility of the Association increasing beyond the estimated cost, it was found necessary to discontinue this supply at the end of April, 1926. The results attained were, however, extremely satisfactory from a health and medical point of view, remarkable improvements in physique being noted by the Medical Officer of Health. It is hoped that it may be possible, at a future date, to resume the supply of milk to children attending Open-Air Classes.

**Boots.** Although good footwear is essential to the health of the schoolchild the Association has experienced some difficulty in dealing with this question. The long spell of unemployment has found more necessitous cases in this direction than the Association has been able to cope with and the supply of new boots had to be restricted.

Head Teachers have, however, received many pairs of second-hand boots and shoes in response to appeals to parents and the Association decided to pay for the repair of these and leave the matter of distribution to the discretion of Head Teachers and Attendance Officers.

In some cases it has been possible for the Association to advance small sums to enable parents to procure new boots for their children and, having been thus tided over a difficult period, the parents are able to repay the amount to the Association. This is only done after careful inquiries have been made by the School Attendance Officers, and is limited to a very few special cases.

The Association is anxious to do everything possible to provide necessitous school children with warm footwear and will be very grateful for gifts of repairable second-hand boots and shoes.

**Special Treatment.** In two cases the Association has been able to assist parents in taking their children to Orthopaedic Hospitals in London for examination and special treatment during the year under review.

One was a case of a child with deformed feet, and as early treatment was afforded great improvement has taken place. It is the opinion of the Specialists that the deformity will in time be cured.

The other was a case of an adhesion of the ribs on one side, but after examination it was decided that no cure could be effected.

**Special Boots and Surgical Appliances.** Surgical boots have been supplied in three cases.

One child has been supplied with an abdominal belt to prevent rupture in the healed incision after an operation for appendicitis. The belt will have to be worn for a considerable time, but it is considered that the weakness will in time be overcome so that the belt may be dispensed with.

One child suffering from progressive muscular atrophy has been supplied with an invalid chair. Although there is no hope of curing him, the child is keen to continue his education. He is attending the Open-Air Class at Roman Hill.

**Extra Nourishment.** Over 72 lbs of Extract of Malt and Cod Liver Oil in addition to other special nourishment has been supplied to the School Medical Officer for use in cases of necessitous and delicate children.

**Spectacles.** Spectacles have been supplied in fourteen cases where children have been prescribed for by the Schools Ophthalmic Surgeon and the parents have been unable to pay for the spectacles. The Association is fortunate in being able to obtain these spectacles at almost cost price, the very best materials being used.

The Association proceeds unostentatiously in assisting the poorer families, and works in close contact with the School Medical Office and the Education Office. Assistance is only given after most thorough investigation, and the Association is careful to assist only the very necessitous cases.

The Association tenders its best thanks to Dr. Jennette C. Hargrave, the School Nurses, Head Teachers and Attendance Officers for their kind assistance throughout the past year.

Town Hall,

CHARLES E. BALDWIN.

Lowestoft.

*Hon. Secretary.*

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

Defective children coming under the above headings are brought to the notice of the medical staff by the head teachers, school attendance officers, school nurses, relieving officers and others. The parents are given appointments and invited to attend the clinic bringing their children for examination.

During the year I have been able to collect a complete list of retarded children for mental test under Section 55 of the Education Act. 107 children were thus examined and classified accordingly.

Table III of the statistics at the back of the report shews that so far there are 54 feeble-minded children, 43 of whom attend ordinary public elementary schools, and 10 are at no school or Institution.

During the year one feeble-minded and seven imbeciles were notified to the Local Control Authority.

In one case (Edgar Albert Forwood) aged 13, which I certified as an imbecile under the Mental Deficiency Act, the Joint Committee for the care of the Mentally Defective disagreed with my conclusion and were of opinion that the boy was educable in a special school. For a settlement of the difficulty the Joint Committee suggested that the Lowestoft L.E.A. should send the boy to the Royal Eastern Counties' Institution, Colchester, as a special school case and that the Joint Committee and the Education Authority should each agree to accept the classification of the case by the Medical Superintendent. This suggestion was adopted and after a term in the Institution the following report was received :—

" This boy is one of those cases which some medical men would certify under the Education Acts for a special school, and some certify under the Mental Deficiency Act for notification to the Mental Deficiency Authority. It all depends on the meaning attached to words in the respective Acts of Parliament.

I cannot say that at the present time this boy is incapable of receiving benefit in a special school. He is receiving benefit, and, as he has up to the present only had about two months' instruction, it is not possible to say how much that benefit may be. At first sight it would certainly appear that he should be notified, he is very backward educationally, and his Stanford Intelligence Quotient is only 45. He is extremely slow in work and play, and I feel sure he will never earn his own living, but his showing at Performance Tests is wonderfully good. His intelligence Quotient for instance at the Porteus Maze Tests is 80, and at Healy's Pictorial Completion Test A,<sup>55</sup>.

Because of this excellent showing at the more practical Tests I think he should be given a further trial, and I will report again with a definite decision one way or the other at the end of March."

The Education Authority is therefore awaiting a further report but in the meantime is paying for the boy's maintenance as an Education case.

Up to the present time the Authority have made no provision in the way of special schools or classes for these defective children, but as you will have read in my previous remarks re Open-Air Schools

I think the solution of the problem of dealing with the mentally and physically defective child will be found in the near future.

The following is a list of children maintained in Institutions during 1926.

DEAF CHILDREN.		MENTALLY DEFECTIVE.	
<i>East Anglian Institution, Gorleston.</i>		<i>Royal Eastern Counties Institution, Colchester.</i>	
Boys	Girls	Boys	Girls
1	7	2	—

**Nursery Schools.** There are no Nursery Schools in the district.

**Employment of Children and Young Persons.** During the year, 4 children were permitted to be employed outside school hours. 2 cases came to the notice of the Authority of employment in contravention of the Bye-laws. In each case the Authority notified the Employer, and the children were stopped working.

**Street Trading.** 25 boys were licensed to engage in street trading during the year.

**Licences for Children to take part in Entertainments.** Number of children who performed at theatres during 1926 under licences issued by various Education Authorities—4. These children attended Public Elementary Schools within the area during their stay in the town.

The health of children employed under the Bye-laws is watched closely, and in no case during the year could any complaint be made of injury to health through employment.

**Juvenile Employment.** Close co-operation exists between the Juvenile Employment Bureau and the School Medical Department. Juvenile employment cards are sent to the School Medical Officer for the medical report to be filled in with remarks as to the type of work most suited to the person.

**OPHTHALMIC SURGEON'S REPORT FOR YEAR  
ENDING 31ST DEC. 1926**

The number of new patients examined at the Clinic was 124, of whom 40 were over 12 years old.

Four patients were recommended for operations for Squint. There were more than usual number of cases of the somewhat chronic inflammatory condition of the eye known as "Strumous Conjunctivitis." This is a condition usually occurring in ill nourished children, and is akin to tuberculosis. Practically the only treatment which benefits it, is a course of—often lasting 3 weeks to 6 months—Tuberculin Vaccine treatment. There appears no recognised centre for the carrying out of this treatment, which is regularly carried out in the Bacteriological Department of the Norfolk and Norwich Eye Infirmary, and I suggest that the question of an arrangement for sending the children there be considered.

Below is a tabulated statement of conditions found, and treatment:—

Total new cases examined	...	...	124
Prescriptions given for glasses	...	...	87
Cases of longsight (including long-sighted astigmatism)	...	..	63
Cases of Short-sight (including short-sighted astigmatism)	...	...	29
Cases of mixed astigmatism (i.e., a combination of Long-sight and Short-sight)			13
Cases of Squint—right eye	...	...	6
,,                left eye	...	...	7
,,                both eyes	...	...	3
One eye very defective as a result of Squint	...	...	7
One eye very defective from disease or accident	...	...	4
Operations for Squint advised	...	...	4
Treatment other than glasses	...	...	25
Defects for which no treatment was at present considered necessary	...	...	9
Re-examinations	...	...	46
Total attendances	...	...	323

(Signed) ARTHUR GREENE, M.A., M.D., F.R.C.S.

# STATISTICAL TABLES

Table I.—Return of Medical Inspections.

## A. ROUTINE MEDICAL INSPECTIONS.

### Number of Code Group Inspections

## B. OTHER INSPECTIONS.

### Number of Special Inspections

	Re-Inspections	...	...	...	...	...	...	2300
	Total	...	...	...	...	...	...	4959
	Grand Total	...	...	...	...	...	...	7090

TABLE II.

A. *Return of Defects found by Medical Inspection in the Year Ended 31st December, 1925.*

				Routine Inspections.	Special Inspections.
				No. of Defects.	No. of Defects.
				Requiring treatment.	Requiring treatment.
Defect or Disease.					
	(1)	(2)	(3)	(4)	(5)
	Malnutrition	8	28	I	7
	Uncleanliness—Head	132	—	154	—
	Body	I	—	I	—
Skin	Ringworm :				
	Head	II	3	96	—
	Body	—	—	32	—
	Scabies	—	—	2	—
	Impetigo	10	—	83	—
	Other Diseases (non-Tubercular)	12	—	173	3
Eye	Blepharitis	10	—	5	—
	Conjunctivitis	2	—	22	—
	Keratitis	I	—	—	—
	Corneal Ulcer	—	—	I	—
	Corneal Opacities	—	—	—	—
	Defective Vision	118	2	44	5
	Squint	9	2	8	—
Ear	Other Conditions	I	I	38	I
	Defective Hearing	7	2	7	4
	Otitis Media	21	4	50	—
Nose and Throat	Other Ear Diseases	—	—	25	3
	Enlarged Tonsils	129	142	51	7
	Adenoids	24	68	25	12
	Enlarged Tonsils and Adenoids	58	51	95	3
	Other Conditions	—	I	I	2
	Enlarged Cervical Glands (non-Tubercular)	I	4	5	2
	Defective Speech	...	I	6	—

	(1)	(2)	(3)	(4)	(5)
Heart and Circula- tion.	Heart Disease :				
	Organic ... ... ...	2	4	I	—
	Functional ... ... ...	—	3	—	I
Lungs	Anaemia ... ... ...	7	2	7	—
	Bronchitis ... ... ...	—	I	—	—
	Other non-Tubercular Diseases	6	53	I	3
Tuber- culosis.	Pulmonary :				
	Definite ... ... ...	2	—	4	4
	Suspected ... ... ...	12	—	4	4
	Non-pulmonary :				
	Glands ... ... ...	3	4	4	2
	Spine ... ... ...	—	—	—	—
	Hip ... ... ...	3	—	3	—
	Other Bones and Joints ... ... ...	—	—	—	—
	Skin ... ... ...	—	—	I	I
Nerv- ous System	Other Forms ... ... ...	2	—	—	I
	Epilepsy ... ... ...	2	6	2	I
	Chorea ... ... ...	—	—	3	—
Defor- mities.	Other Conditions ... ... ...	—	I	4	3
	Rickets ... ... ...	—	—	—	I
	Spinal Curvature ... ... ...	—	—	I	—
Other Defects and Diseases	Other Forms ... ... ...	6	9	7	I
	... ... ...	25	56	*841	49

\*Including Dental.

TABLE II.

B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group (1)	Number of Children.		Percentage of Children found to re- quire treatment: (4)
	Inspected. (2)	Found to re- quire treatment. (3)	
<i>Code Groups :</i>			
Entrants ...	806	144	17.8%
Intermediates ...	613	137	22.3%
Leavers ...	712	157	22.3%
Total (code groups) ...	2131	438	20.5%

TABLE III.

*Return of All Exceptional Children in the Area.*

			Boys	Girls	Total
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ... ... Attending Public Elementary Schools ... ... At other Institutions ... At no School or Institution	I — — —	— — — 2	I — — 2
	(ii) Suitable for training in a School or Class for the par- tially blind.	Attending Certified Schools or Classes for the Blind. Attending Public Elementary Schools ... ... At other Institutions ... At no School or Institution	— — — 4	— — — 2	— — — 6
Deaf (in- cluding deaf and dumb and par- tially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... ... At other Institutions ... At no School or Institution	I — — 2	7 — — —	8 — — 2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ... Attending Public Elementary Schools ... ... At other Institutions ... At no School or Institution	— — — 5	— — — 7	— — — 12
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... Attending Public Elementary Schools ... ... At other Institutions ... At no School or Institution	I 24 — 6	— 19 — 4	I 43 — 10
	Notified to the Local Control Authority <i>during the year.</i>	Feebleminded ... ... Imbeciles ... ... Idiots ... ...	— 4 —	I 3 —	I 7 —

			Boys.	Girls.	Total.
Epileptics	Suffering from severe epilepsy	Attending Certified Schools (Special) for Epileptics. In Institutions other than Certified Special Schools. Attending Public Elementary Schools ... ... At no School or Institution	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools. ... ... At no School or Institution.	9	7	16
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the B. of E. ... ... At other Institutions ... At no School or Institution.	2	2	4
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the B. of E. ... ... At Public Elementary Schools. ... ... At other Institutions. ... At no School or Institution.	—	—	—
	Delicate children (e.g., pre - or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Public Elementary Schools. ... ... ... At other Institutions. ... At no School or Institution.	10	3	13
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the B. of E. ... ... At Public Elementary Schools. ... ... ... At other Institutions. ... At no School or Institution.	57	51	108
Physically Defective.			—	—	—

				Boys.	Girls.	Total.
Physically Defective (contd).	Crippled Children (other than those with ac- tive tuberculous disease), e.g., children suffer- ing from par- alysis, &c., and including those with severe heart disease.	At Certified Hospital Schools. ....	—	—	—	—
		At Certified Residential Cripple Schools. ....	—	1	1	2
		At Certified Day Cripple Schools. ....	—	—	—	—
		At Public Elementary Schools. ....	31	32	63	—
		At other Institutions. ....	—	1	1	2
		At no School or Institu- tion. ....	2	2	4	—

TABLE IV.

*Return of Defects Treated during the Year Ended 31st December, 1926.*

## Treatment Table.

*Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group V).*

Disease or Defect. (1)	Number of Defects treated or under treatment during the year			Total. (4)
	Under the Author- ity's Scheme. (2)	Otherwise (3)		
<i>Skin—</i>				
Ringworm-Scalp ... ... ...	96	21		117
Ringworm-Body ... ... ...	32	—		32
Scabies ... ... ...	2	—		2
Impetigo ... ... ...	82	—		82
Other skin disease ... ... ...	170	5		175
<i>Minor Eye Defects</i> ... ... ...	63	4		67
External and other, but excluding cases falling in Group II).				
<i>Minor Ear Defects</i> ... ... ...	66	6		72
<i>Miscellaneous</i> ... ... ... (e.g. minor injuries, bruises, sores, chilblains, etc.). ... ...	816	14		830
<b>Total</b> ... ... ...	<b>1327</b>	<b>50</b>		<b>1377</b>

TABLE IV.—(contd.)

*Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).*

Defect or Disease. (1)	Number of defects dealt with.				Total. (5)
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. (3)	Otherwise. (4)		
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	127	5	—	—	132
Other Defect or Disease of the eyes (excluding those recorded in Group I).	43	—	4	—	47
Total ... ...	170	5	4	—	179

Total number of children for whom spectacles were prescribed

- |                                  |     |     |    |
|----------------------------------|-----|-----|----|
| (a) Under the Authority's Scheme | ... | ... | 85 |
| (b) Otherwise                    | ... | ... | —  |

Total number of children who obtained or received spectacles

- |                                  |     |     |               |
|----------------------------------|-----|-----|---------------|
| (a) Under the Authority's Scheme | ... | ... | Nil—no scheme |
| (b) Otherwise                    | ... | ... | 77            |

*Group III.—Treatment of Defects of Nose and Throat.*

Number of Defects.

Received Operative Treatment.  Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
				206
178	16	194	12	206

TABLE IV.—(contd.)  
*Group IV.—Dental Defects.*

(1) Number of Children who were :—

(a) Inspected by the Dentist :

	Aged :	$\begin{cases} 5.....263 \\ 6.....266 \\ 7.....247 \\ 8.....169 \\ 9.....153 \end{cases}$	Total 1098
	Routine Age Groups		
	Specials	...      ...      ...      146E	
		Grand Total	1244
(b)	Found to require treatment	...	805
(c)	Actually treated	...	365*
(d)	Re-treated during the year as the result of periodical examination		71
(2)	Half-days devoted to	$\begin{cases} \text{Inspection} & ... \\ \text{Treatment} & ... \end{cases}$	Total 86
(3)	Attendances made by children for treatment		404
(4)	Fillings	$\begin{cases} \text{Permanent teeth} & 94 \\ \text{Temporary teeth} & 204 \end{cases}$	Total 298
(5)	Extractions	$\begin{cases} \text{Permanent teeth} & 35 \\ \text{Temporary teeth} & 891 \end{cases}$	Total 926
(6)	Administrations of general anaesthetics for extractions		101
(7)	Other Operations	$\begin{cases} \text{Permanent teeth} & 5 \\ \text{Temporary teeth} & 39 \end{cases}$	Total 44

*Group V.—Uncleanliness and Verminous Conditions.*

- (i) Average number of visits per school made during the year by the School Nurses, 8.
- (ii) Total number of examinations of children in the Schools by School Nurses, 195,99.
- (iii) Number of individual children found unclean, 3,204.
- (iv) Number of children cleansed under arrangements made by the Local Education Authority, 59.
- (v) Number of cases in which legal proceedings were taken :
  - (a) Under the Education Act, 1921, nil.
  - (b) Under School Attendance Bye-laws, nil.

\* Includes the 145 emergency cases found at Routine Medical Inspection.

MEDICAL INSPECTION  
OF THE  
SECONDARY SCHOOL

1926

**JOINT HIGHER  
EDUCATION COMMITTEE**



*Chairman :*

Dr. D. H. HUTCHINSON, J.P.

*County Members :*

Mr. Alderman C. H. LOMAX, J.P. Mr. Councillor P. C. LOFTUS,  
J.P.

Mr. Alderman C. H. JACOBS, J.P. Mrs. G. CRAIG

Mr. Councillor J. A. BEZANT, J.P. Sir THOS. V. S. GOOCH, Bt. J.P.

*Town Members :*

Mr. Alderman J. M. BARNARD,      Mrs. H. C. ADAMS  
J.P.

Alderman Major S. W. HUMPHERY Mrs. F. W. M. BECKETT  
J.P.

Mr. Councillor H. C. ADAMS, J.P.      Miss B. M. C. DOUGHTY, J.P.

Mrs. Councillor G. M. HARRIS, J.P. Mr. C. C. CULF

Mr.       ,,      W. J. HEAD, J.P.      Mr. F. ROBINSON  
Capt. E. W. TUTTLE.

*To the Chairman and Members of the Joint Higher Education Committee :*

Ladies and Gentlemen,

I have pleasure in submitting to you a summary of the medical inspectorial work carried out at the Secondary School during the year together with a few remarks.

I would particularly like to draw to your notice the fact that no accommodation has been provided in which this work can be carried out without interference to the general school routine. On each occasion when inspections have taken place the Head Master has been good enough to allow us to use two class rooms for the purpose, and, as you will readily understand, this disorganises the work of two classes and is a great inconvenience to the teachers concerned. As medical inspections have now definitely to take place it is to be hoped that before long the Committee will see that some provision is made.

From the summary of the work, you will see that generally speaking, the health of the scholars attending this school is of a very high standard.

My best thanks are again due to the Head Master, who assisted greatly and gave both Dr. Hargrave and myself every facility.

I am,

Ladies and Gentlemen,

Yours faithfully,

W. STOTT,

*Medical Officer of Health.*

Routine Medical Inspection was carried out at the Secondary School in accordance with the Act. It was decided, however, that owing to the general excellence of the standard of health throughout the school it was quite unnecessary to examine every boy and girl in attendance at so short an interval as 12 months.

Accordingly arrangements were made to inspect all new entrants and all children from 15 years upwards together with all the children who had been found at the previous years' examination to require treatment or to be kept under observation.

202 boys and girls were examined under the above groups. All those found to require treatment or to be kept under observation were re-examined again during the year, numbering in all 34, making a total of 236 inspections.

4 refusals to submit to inspection were received by the Head Master, and these were all in the case of girls.

The following table gives the numbers in the various age groups who were inspected.

Year of Birth.	1908	1909	1910	1911	1912	1913	1914	1915	1916	Total.	Re-examinations.	Grand Total.
Age	18	17	16	15	14	13	12	11	10			
Boys	3	8	24	27	2	22	12	1	—	99	11	110
Girls	4	13	11	22	2	27	17	5	2	103	23	126
	7	21	35	49	4	49	29	6	2	202	34	236

I can only record, as I did last year, that the general health and physique of the pupils as a whole was of a high standard. Few serious defects were found, the chief being of a minor but important nature, viz., dental defects.

The following table indicates the number of children examined and found to require treatment.

Number Inspected	Boys	Girls	Total
	99	103	202

Number of Children requiring treatment	Boys	Girls	Total
	7	22	29
Percentage of Children requiring treatment	7	21.3	14.3
Number to be kept under observation	10	5	15

It was particularly interesting to note the great improvement in the health of those scholars who were examined for the second year, and especially those who had received treatment for such conditions as tonsils and adenoids.

The average gain in weight for the boys was 15 lbs in 12 months, the greatest gain being 29 lbs and the smallest 3 lbs.

For the girls the average gain in weight was 8 lbs, the greatest being 19 lbs and the smallest 2 lbs.

The average gain in height for the boys was  $2\frac{3}{4}$  inches, and that for the girls 1 inch.

*Statement of defects requiring treatment or to be kept under observation.*

Disease or defect	Boys	Girls	Total	Percentage
Heart Conditions	3	—	3	1.4
Enlarged Tonsils and Adenoids	3	8	11	5.4
Dental Disease	5	12	17	8.4
Nose and Throat (other conditions)	2	1	3	1.4
Defective Vision	—	3	3	1.4
Lungs (other than Tuberculosis)	1	2	3	1.4
Otorrhoea	—	2	2	0.9
Other Conditions	5	—	5	2.5

## TREATMENT OF DEFECTS

When a child is found at medical inspection to be suffering from a defect requiring treatment, the parent is notified by means of a card with a request that their private medical attendant should be consulted. Up to the present time no treatment is undertaken by the Authority.

The following table indicates the number of defects recommended for treatment and those which actually received treatment. From it you will see that with the exception of dental disease the treatment is as a rule carried out satisfactorily. I enquired into the reasons for this apparent neglect of dental treatment, and came to the conclusion that it was in all probability due to the lack of means of the parents to obtain it. I therefore reported this to the Higher Education Committee recommending them to make arrangements for the dental treatment of necessitous children. As a result of this report I was instructed to prepare a scheme accordingly.

Defect or disease	Number referred for Treatment	Number actually received Treat- ment.
Defective Vision	3	1
Otorrhoea	2	2
Tonsils & Adenoids	5	4
Skin & Hair	1	—
Dental Diseases	17	7
Nose & throat	1	—
Other Defects	3	2

### EXCEPTIONAL CHILDREN

The following table shows the number and conditions of exceptional children.

	Boys	Girls	Total
Delicate children including debility	4	—	4
Cleft Palate	1	—	1
	—	—	—
	5	—	5
	—	—	—

*Return of Defects found by Medical Inspection in the year ended  
31st December*

			Routine Inspections	
Defect or Disease			Numbers referred for treatment	Number requiring to be kept under observation, but not referred for Treatment.
Eye	Conjunctivitis	...		
	Defective Vision	...	3	
	Squint	...		
	Other conditions	...		
Ear	Defective Hearing	...		
	Otorrhoea	...	2	
Nose and Throat	Enlarged Tonsils	...	5	5
	Adenoids	...		1
	Other conditions	...	1	1
Skin and Hair			1	
Teeth			17	
Heart and Circulation	Heart Disease—Organic			
	Functional			3
Lungs	Anaemia	...		
	Other Non-Tubercular Diseases			3
Nervous System	Epilepsy	...		
	Chorea	...		
	Other conditions	...		
Deformities	Spinal Curvature	...		
	Other Forms	...		
Other Defects and Diseases			3	2





